

TRICHINOSIS SURVEILLANCE CASE REPORT

Form Approved
OMB NO. 0920-072

PERSONAL DATA

State Reporting: State abbreviation	First four letters of last name: 	Age: 	Sex: Male Female	Date of birth: Mo Day Yr
Race/Ethnicity: <div> <div>American Indian or Alaska Native</div> <div>Black or African American</div> <div>Native Hawaiian or other Pacific Islander</div> <div>Unknown</div> </div> <div> <div>Asian</div> <div>Hispanic or Latino</div> <div>White</div> </div>				
County:	Physician's Name:		Physician's Phone:	

DIAGNOSTIC DATA

DATE OF ONSET OF ILLNESS: Mo Day Yr		OUTCOME: Recovered Died Unknown			
SIGNS AND SYMPTOMS: Eosinophilia: <div> <div>Yes Not Done</div> <div>No Unknown</div> </div> Specify absolute number or percentage: (#) or (%)		Fever: <div> <div>Yes Unknown</div> <div>No</div> </div> Specify temperature:		Periorbital edema: <div> <div>Yes Unknown</div> <div>No</div> </div>	
MUSCLE BIOPSY: <div> <div>Positive</div> <div>Negative</div> <div>Not Done</div> </div>	SEROLOGIC FINDINGS: <div> <div>Positive Negative Not Done Unknown</div> <div>Test type (specify):</div> <div> <div>Date of test: Mo Day Yr</div> <div>Test results: Positive Negative Unequivocal Unknown</div> </div> <div> <div>Date of test: Mo Day Yr</div> <div>Test results: Positive Negative Unequivocal Unknown</div> </div> </div>				

EPIDEMIOLOGIC DATA

SUSPECT FOOD: <div> <div>Pork (specify type below): Store bought pork Pork from farm-raised pig Wild boar Other (specify): Not specified</div> <div>Non Pork (specify type below): Bear meat Hamburger (ground meat) Other (specify): Not specified</div> <div>Unknown</div> </div>			DATE CONSUMED: Mo Day Yr	
			LARVAE IN SUSPECT FOOD: <div> <div>Not examined Present</div> <div>Absent Unknown</div> </div>	
WHERE MEAT OBTAINED: <div> <div>Supermarket/grocery store</div> <div>Butcher shop</div> <div>Restaurant or other public eating establishment</div> <div>Direct from farm</div> <div>Hunted or trapped</div> <div>Other (specify):</div> <div>Unknown</div> </div>	PREPARATION AFTER PURCHASE FURTHER PROCESSING: <div> <div>No further processing</div> <div>Ground (i.e., hamburger)</div> <div>Smoked</div> <div>Dried jerky</div> <div>Marinated</div> <div>Other (specify):</div> <div>Unknown</div> </div>		METHOD OF COOKING: <div> <div>Uncooked</div> <div>Fried</div> <div>Open-fire roasting/BBQ</div> <div>Other cooking method (specify):</div> <div>Unknown</div> </div>	
PATIENT'S OCCUPATION:		RELATED CASES: <div> <div>Yes No Unknown</div> </div>		

COMMENTS AND ADDITIONAL DATA

Investigator name and title:

Date form completed:

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0728).